

ST AVAILABLE COPY

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | DT       |        | 7-29-99 |
| O.I.P.E. CLASSIFIER |          | 16     | 8399    |
| FORMALITY REVIEW    | CH       | 109129 |         |

J.S.

69134

6-1-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 1              | 6/28/02 |
| 2              | ✓       |
| 3              | ✓       |
| 4              | ✓       |
| 5              | ✓       |
| 6              | ✓       |
| 7              | ✓       |
| 8              | ✓       |
| 9              | ✓       |
| 10             | ✓       |
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| 15             | ✓       |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
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| Final Original |      |
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| 150            |      |

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)